

PART IV: REQUIRED EXHIBITS

EXHIBIT 1: WORKFORCE PLAN FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM AND EXPENDITURE PLAN WORKFORCE EDUCATION AND TRAINING, Fiscal Years 2006-07, 2007-08, 2008-09

County: Date:

This county's Three-Year Workforce Education and Training Program and Expenditure Plan (County Plan) addresses the shortage of qualified individuals who provide services in this county's public mental health system. This includes community-based organizations and individuals in solo or small group practices who provide publicly-funded mental health services. This County Plan is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan), and this county's current MHSA Community Services and Supports Plan. Actions to be funded in this County Plan supplement the Five-Year Plan's statewide funded and administered workforce programs. The combined Actions of California's Five-Year Plan and this county's plan together address this county's workforce needs as indicated in Exhibits 2 through 6.

All education, training and workforce development programs funded through this plan contribute to developing and maintaining a culturally competent workforce, to include consumers and family members who are capable of providing consumer- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. This plan has been developed with stakeholders and public participation. All input has been considered, with adjustments made, as appropriate.

Progress and outcomes of education and training programs listed in this County Plan will be reported and shared on an annual basis, with appropriate adjustments made. An updated assessment of this county's workforce needs will be provided annually.

County Mental Health Director:

Printed Name:

Signature:

Street Address (or, PO Box):

City, ZIP Code:

Phone#:

Fax#:

E-mail address:

Contact Person' Name:

Phone#:

Fax#:

E-mail:

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EXHIBIT 2: WORKFORCE NEEDS ASSESSMENT

I. BY OCCUPATIONAL CATEGORY:

Major Group and Positions	Estimated # FTE author- ized	Position hard to fill? (Y/N)	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of individuals currently in the workforce - Col. (11)						
				White/ Cau- casion	Hispan- ic/Latino	African- American/ Black	Asian/ Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Managerial and Supervisory:				(Managerial and Supervisory; Sub-Total A Only)						
CEO or manager above direct supervisor										
Supervising psychiatrist (or other physician)										
Licensed supervising clinician										
Other managers and supervisors										
Sub-Total, A:										
B. Support Staff (non-direct services):				(Support Staff; Sub-Total B Only)						
Analysts, tech support, quality assurance										
Education, training, research										
Clerical, secretary, administrative assistants										
Other support staff (non-direct services)										
Sub-Total, B:										

C. Licensed Mental Health Staff (direct service):				(Licensed Mental Health Staff; Sub-Total C Only)					
	Psychiatrist, general								
	Psychiatrist, child/adolescent								
	Psychiatrist, geriatric								
	Psychiatric or Family Nurse Practitioner								
	Clinical Nurse Specialist								
	Licensed Psychiatric Technician								
	Licensed Clinical Psychologist								
	Psychologist, registered intern (or waived)								
	Licensed Clinical Social Worker (LCSW)								
MSW, registered intern (or waived)									
Marriage and Family Therapist (MFT)									
MFT registered intern (or waived)									
Other <i>Licensed</i> MH Staff (direct service)									
Sub-Total, C:									

D. Other Health Care Professionals (direct service):				(Health Care Staff; Sub-Total D Only)						
Physician										
Registered Nurse										
Licensed Vocational Nurse										
Physician Assistant										
Occupational Therapist										
Physical Therapist										
Other Therapist (e.g., recreation, art, dance)										
Other Health Care Staff (direct service)										
Sub-Total, D:										
E. <i>Unlicensed</i> Mental Health Direct Service Staff				(Unlicensed Mental Health Direct Service Staff; Sub-Total E Only)						
Mental Health Rehabilitation Specialist										
Full Services Partnership Staff										
Case Manager/Service Coordinator										
Employment Services Staff										
Housing Services Staff										
Consumer Support Staff										
Family Member Support Staff										
Day Treatment Service Provider										
Benefits/Eligibility Specialist										
Other <i>Unlicensed</i> MH Direct Service Staff										
Sub-Total, E:										
GRAND TOTAL WORKFORCE (A+B+C+D+E)										
TOTAL PUBLIC MH POPULATION	Leave Col 1, 2, & 3 blank									

II. POSITIONS SPECIFICALLY DESIGNATED FOR CONSUMERS AND FAMILY MEMBERS:

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by consumers or family members (2)	Position hard to fill with consumers or family members? (Y/N) (3)	# additional consumer or family member FTEs estimated to meet need (4)
A. Managerial and Supervisory Positions			
B. Support Staff (non-direct services)			
C. Licensed Mental Health Staff (direct service)			
D. Health Care Staff (direct service)			
E. Unlicensed Mental Health Direct Service Staff:			
Consumer Support Staff			
Family Member Support Staff			
Other <i>Unlicensed</i> MH Direct Service Staff			
Sub-Total, E:			
GRAND TOTAL (A+B+C+D+E)			

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

IV. REMARKS: (Please highlight significant shortfalls, including any subsets within the categories above)

A. Shortages by occupational category

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services

C. Positions designated for consumers and family members

D. Language proficiency

E. Other, miscellaneous

EXHIBIT 3: WORKPLAN

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, and objectives on an annualized basis, and an amount budgeted for each of the fiscal years included in this Three-Year Plan.

A. WORKFORCE STAFFING SUPPORT

Action #1 – Title:			
Description:			
Objectives:			
Budget justification:			
Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____

Action #2 – Title:			
Description:			
Objectives:			
Budget justification:			
Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____

Action #3 – Title:**Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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B. TRAINING AND TECHNICAL ASSISTANCE**Action #4 – Title:****Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #5 – Title:**Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #6 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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C. MENTAL HEALTH CAREER PATHWAY PROGRAMS

Action #7 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #8 – Title:**Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #9 – Title:**Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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D. RESIDENCY, INTERNSHIP PROGRAMS**Action #10 – Title:****Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #11 – Title:**Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #12 – Title:**Description:****Objectives:****Budget justification:**

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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E. FINANCIAL INCENTIVE PROGRAMS

Action #13 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #14 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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Action #15 – Title:

Description:

Objectives:

Budget justification:

Budgeted Amount:	FY 2006-07: \$ _____	FY 2007-08: \$ _____	FY 2008-09: \$ _____
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EXHIBIT 4: ACTION MATRIX

Please list the titles of **ACTIONS** described in Exhibit 3, and check the appropriate boxes () that apply.

Actions (as numbered in Exhibit 3, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of consumers/family	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of consumers and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action #__:													
Action #__:													
Action #__:													
Action #__:													
Action #__:													
Action #__:													
Action #__:													
Action #__:													
Action #__:													

EXHIBIT 5: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			

Fiscal Year: 2007-08	
Activity	Total Funds Requested
A. Workforce Staffing Support	
B. Training and Technical Assistance	
C. Mental Health Career Pathway Programs	
D. Residency, Internship Programs	
E. Financial Incentive Programs	
GRAND TOTAL FUNDS REQUESTED for FY 2007-08	

Fiscal Year: 2008-09	
Activity	Total Funds Requested
A. Workforce Staffing Support:	
B. Training and Technical Assistance	
C. Mental Health Career Pathway Programs	
D. Residency, Internship Programs	
E. Financial Incentive Programs	
GRAND TOTAL FUNDS REQUESTED for FY 2008-09	

EXHIBIT 6: THREE-YEAR PLAN QUARTERLY PROGRESS GOALS AND REPORT

THREE-YEAR PLAN QUARTERLY PROGRESS GOALS AND REPORT	
County: _____	Fiscal Year: _____
Component: Workforce Education and Training	Quarter: 1 2 3 4 (<i>CIRCLE ONE.</i>)
Progress on Objectives (short narratives, below)	
Workforce Staffing Support:	
Training and Technical Assistance:	
Mental Health Career Pathways Programs:	
Residency, Internship Programs:	
Financial Incentive Programs:	
Form completed by: Name: _____ Title or position: _____	
Phone#: _____	Email: _____ Date: _____